

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-12-03.

I. DISPUTE

Whether there should be reimbursement for CPT Codes: 97032, 97113, 97250, 97024, 97110, and 97750.

II. FINDINGS & RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

No EOB or EOB Descriptor Code: Neither party in the dispute submitted EOBs for some of the disputed services identified below or an EOB that had descriptor. The requestor submitted convincing evidence that supports bills were submitted for audit. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
7-10-02	97032(2)	\$80.00	\$28.00	No EOB	\$22.00 / 15 min	CPT Code Descriptor	MAR reimbursement of \$44.00 minus amount paid = \$16.00 is recommended
7-10-02	97250	\$148.00	\$57.00	No EOB	\$43.00	CPT Code Descriptor	Myofascial realese to one or more regions - only one is allowed per visit, additional reimbursement is not recommended.
7-10-02 9-17-02 9-18-02 9-20-02 9-26-02 9-28-02 9-30-02 10-2-02 10-10-02	97113	\$128.00	\$50.00		\$52.00/ 15 min	CPT Code Descriptor	See Rationale below.

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9-17-02 9-18-02 9-20-02 9-27-02 9-28-02 9-30-02 10-25-02 11-13-02 1-2-03 1-3-03 1-7-03 1-10-03	97110	\$50.00	\$20.25		\$35.00/ 15 min	Medicine GR (I)(A)(9)(b)	
9-26-02 10-2-02 10-4-02 10-10-02 10-21-02	97110 (2)	\$100.00	\$40.50		\$35.00/15 min	Medicine GR (I)(A)(9)(b)	See Rationale Below
9-17-02 9-18-02 1-2-03 1-3-03 1-7-03 1-10-03	97024	\$39.00	\$10.13		\$21.00	CPT Code Descriptor	MAR reimbursement of \$21.00 minus amount paid of \$10.13 = \$10.87 X 6 dates = \$65.22 is recommended.
10-4-02	97116	\$88.00	\$40.50		\$38.00 / 15 min	Medicine GR (I)(A)(9)(b)	See Rationale Below
11-18-02	97750	\$333.00	\$333.00		\$100.00/hr or \$43.00/body area or each 15 min depending on type of test	CPT Code Descriptor	TWCC-60 indicates amount paid = amount billed; therefore, not in dispute.
TOTAL							The requestor is entitled to reimbursement of \$81.22.

Rationale for 97110, 97113 and 97116:

Recent review of disputes involving one-on-one supervision CPT codes by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this code both with respect to the medical necessity of one-on –one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes “one-on-one.” Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The therapy notes for these dates of service do not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision, as opposed to one-to-one therapy. The Requestor has failed to submit documentation to support reimbursement in accordance with the 1996 MFG and 133.307(g)(3). Therefore, reimbursement is not recommended

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, 97032 and 97024 in the amount of **\$81.22**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$81.22** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 18th day of February, 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division